

Monterey County

Child and Family Services Review



System Improvement Plan

September 2004

Acknowledgements

The Monterey County Department of Social and Employment Services would like to thank all of our interagency partners and community members who participated in the C-CFSR process. The Self-Assessment Report and System Improvement Plan could not have been written without the expertise, oversight, and dedication of the Monterey County Children's Council, the System of Care Governance Council, the Family to Family Steering Committee, and the members of the Self-Assessment and SIP teams. The SIP represents many hours of analysis, discussion, and hard work in order to improve outcomes for the children of Monterey County.



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California's Child and Family Services Review System Improvement Plan

County:	Monterey County
Responsible County Child Welfare Agency:	Department of Social and Employment Services, Family and Children's Services
Period of Plan:	October 1, 2004 – September 30, 2005
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Submitted by each agency for the children under its care

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I. SIP Narrative

1. Local Planning Bodies

A. Monterey County Children's Council:

The mission of the of the Children's Council is to provide leadership and policy direction in the development and coordination of services for the children and youth of Monterey County, stimulate and mobilize broad community and agency support for the needs of children, thereby creating an environment which maximizes the opportunity for all children to grow up healthy, safe, and secure with the ability to realize their full potential. Members listed on Attachment A.

B. System of Care Governance Council:

The dual purpose of this council is to provide governance of the La Familia/Sana~System of Care Grant with Monterey County Children's Behavioral Health and oversight of the Child Welfare Redesign process for Monterey County Family and Children's Services. The council is a sub-committee of the Monterey County Children's Council. The Governance Council was an integral part of both the Self-Assessment and the SIP processes. Presentations and updates were provided at all monthly meetings between February and September 2004. Feedback provided at the meetings was incorporated into both the Self-Assessment and the SIP. Membership includes designees of the Children's Council, as well as interagency leaders, community partners, and parents of children and youth involved in System of Care agencies. Membership listed on Attachment B.

C. Family to Family (F2F) Steering Committee: The purpose of this committee is to help guide the Family to Family initiative in Monterey County, monitoring progress on core strategies, and serving as the strategic planning body. Additionally, the sub-committee is used as a venue to discuss Child Welfare Redesign, upcoming initiatives, challenges, and opportunities. Throughout the C-CFSR, the F2F Steering Committee received progress updates and provided input. This body served in both advisory and evaluation capacities, providing many differing perspectives. The F2F Steering committee is comprised of over 35 individuals, representing multiple stakeholders: community based organizations, interagency partners, and consumers. Membership listed on Attachment C.

D. Interagency Members of System Improvement Team:

FCS

- Robert Taniguchi, Family and Children's Services Director
- Jennifer Eads, Management Analyst~ C-CFSR Project Manager
- Eileen Esplin, Management Analyst
- Christine Lerable, Program Manager
- Margaret Huffman, Program Manager
- Anne Herendeen, Program Manager
- Pat Bass, Administrative Assistant

- David Maradei, CAPC
- Alice Talavera, Social Work Supervisor
- Ed Ackron, Social Work Supervisor
- David Hathaway, Social Work Supervisor
- Earlene McClair, Social Work Supervisor
- Ginger Pierce, Social Work Supervisor
- Valencia Thomas, Social Work Supervisor
- Nancy Upadhye, Social Work Supervisor
- Christabelle Oropeza, Social Work Supervisor
- Naomi McClelland, Social Work Training Supervisor
- Irene Garza, Clerical Supervisor
- Julie Ackron, ILP Coordinator
- Emily Osher, Social Worker
- Karen Clampitt, Social Worker

Finance and System Support Unit

- Michael Borgeson, Management Analyst
- Arthur Lomboy, Senior Information Systems Coordinator
- Kim Fernandez, System Support Supervisor
- Carolina Ray, System Support Unit
- Chuck Cassenelli, System Support Unit

Children's Behavioral Health

- Maureen Lavengood, Program Manager
- Tom Berg, Supervisor
- Dana Edgull, Supervisor

Probation

- Denise Shields, Juvenile Probation Manager
- Joe Whiteford, Probation Services Manager
- Sonja Gattis, Supervisor

Caregivers

- Eileen Esplin, Monterey County Caregivers Association, President
- Bob Vanderslice, Foster Parent, CASA, Hartnell FKCE Trainer
- Christy Groethe, Foster Parent
- Donna Trementozzi, Foster Parent

Consulted Groups:

- CASA
- Health Dept./AOD
- Labor
- Law Enforcement
- Monterey County Caregivers Association
- Juvenile Court Bench Officer
- Local Education Agency

- Regional Training Academy
- Youth

2. Share Findings the Support Qualitative Change

Data Collection Methods:

A. Quantitative:

DATA ANALYSIS

The Self-Assessment and the System Improvement Plan were driven by quantitative data from the quarterly *Outcomes and Accountability County Data Reports*. However, Monterey County used UC-Berkeley codes to generate reports directly from the CWS/CMS mainframe. This data was analyzed through SAS and *Business Objects* to reflect more accurate data. Data generated internally closely matches the *Outcomes and Accountability County Data Reports*. When variances occurred, reports developed internally were used.

The data reports for each indicator were shared with Supervisors and Managers in structured meetings. The meetings were used to identify data entry issues and identify potential methodology errors resulting from “numbers” not reflecting “practice”. Data reports were also shared with the Family to Family Steering Committee members, social work units, Department of Social and Employment Services managers, and interagency partners.

B. Qualitative:

FOCUS GROUPS

Supervisors: Four 2-hour focus groups were held with Social Work Supervisors to discuss outcome indicators. The process allowed for in-depth discussion regarding internal policies and practices. The discussions identified strengths and challenge areas, as well as the impact of differing unit practices and philosophies on performance. Supervisor focus groups revealed challenges with case transfer consistency, communication practices, increased workload, policy inconsistencies, expectations, and data entry practices. Supervisors identified strength areas as workforce excellence, team work, ability to resolve inter-unit issues, and quality social work practice. Supervisors brought key discussion items to their unit meetings, solicited feedback, and presented additional information at the next focus group.

Two 2-hour meetings were held to discuss *SIP* templates and generate outcome goals. Additionally, four social work supervisors attended the *SIP* training held in early July.

Unit Level: FCS Analysts conducted focus groups with all social work units, as well as the clerical unit. The meetings focused on identifying strengths, challenges, areas for improvement, and specific performance outcomes highly

affecting particular units. Rich information was gathered specifically around systems' strengths and challenges. Themes emerged regarding management and supervision improvement strategies, as well as indicated areas for training opportunities. The impact of workload issues emerged as a major area for concern, further indicating that the State should re-examine the SB2030 Caseload Study and address and implement the recommendations of the study.

Probation: A focus group was held in early May 2004 with several staff from the Probation Department who heavily interact with FCS on placement and ILP issues. The focus of the meeting was to examine the common outcomes between FCS and Probation, to identify strengths and areas for improvement. The meeting examined the Berkeley identified Title IV-E Probation youth. FCS analysts presented demographics of this sub-population to discuss any disparities and trends. Probation shared challenges they face in service delivery and case coordination with FCS. The Independent Living Program, data integration, information management systems, and the securing of IEPs for youth were identified as potential areas to be addressed in the *System Improvement Plan*. The information obtained from Probation throughout the Self-Assessment will be incorporated into other interagency workgroups, such as the System of Care sub-committees, and a newly formed ILP workgroup.

Foster Parent Association: In early June, FCS Analysts facilitated a discussion with Foster Parent Mentors. The discussion yielded excellent feedback on both systems' strengths and areas for improvement. The foster parents agreed that FCS' commitment to Family to Family was an overarching strength. Other important strengths identified included the Placement Resource Unit, the foster parent mentor program, training opportunities for resource parents, and events to support resource families. Areas for improvement centered on enhancing communication strategies and practices both internally (between units) and externally (between FCS and resource families). Additionally, foster parents were concerned about diminishing resources due to budget cuts, such as limited access to a public health nurse and increased caseloads of social workers. Another important theme generated by the foster parents was the need for increased resources for children in the child welfare system, particularly with our interagency partners. Specifically, the parents identified a need for an "educational advocate" to assist them in accessing services for their foster children and increased Behavioral Health resources for foster families in crisis with potential placement disruptions.

The input from the foster parents is included in many of our System Improvement Plan templates, particularly the strategies for improving outcomes for children with regard to multiple placements.

SURVEYS

Mentor Mom Survey: Monterey County is fortunate to be associated with and assisted by the Mentor Mom program. The Mentor Mom program was developed by Hartnell College and FCS to engage former mothers involved in Family Reunification services that successfully reunified with their children, in a peer mentoring program. The goal of the program is to pair Mentor Moms with mothers

currently receiving FR services, to assist the mothers in navigating the system and successfully reunifying. Mentor Moms provide peer support and have an extensive training program. Mentor Moms have been an integral voice, assisting FCS in developing policies and programs to improve service delivery. Mentor Moms are involved in pilot projects and policy meetings. For the Self-Assessment, Mentor Moms completed a customer satisfaction survey. The survey, completed in May 2004 by nine Mentor Moms, focused on issues regarding clarity of information, social worker visitation, service provision, respect by FCS staff, and quality of communication. The survey revealed that communication between FCS social workers and families involved in child welfare services is an area for improvement. For example, survey responses indicated that although the majority reported that they were “treated with respect by their social worker”, the majority also reported that they were not “able to understand what was being said”. The survey also indicated that increased information about and access to available services to families would be helpful. This input was integrated into the *SIP*, particularly in the milestones for family-engagement strategies, increased access to community services, and internal FCS policy development for referrals for services.

ILP Survey:

In May 2004, the Monterey County *Independent Living Program* Coordinator administered a survey to 37 youth participating in *ILP*. The survey was designed to assess what services and supports were most helpful, gauge graduation and occupational expectations, measure awareness of available resources, and assess relationships with social workers and/or probation officers. Additionally, the survey gathered demographic information including the type of placement, length of time in the foster care system, participation in *ILP* services, and number of placements. Input from the surveys was incorporated into the *SIP* in the template addressing multiple placement moves. Additionally, the results were shared with Probation, ILP workers, Supervisors, and Sub-Committees addressing resource family recruitment strategies.

INTERVIEWS

Children’s Behavioral Health:

Although representatives from CBH were involved in several other sub-committees providing feedback on the Self-Assessment and *SIP*, interviews were conducted with key staff who heavily interact with FCS. The interviews primarily focused on interagency collaboration in context of the outcome measures. The relationship between FCS and CBH has steadily improved, leading to increased interagency projects. One suggestion for improvement focused on the creation of a collaborative process to develop qualitative milestones for evaluation of family progress and case plan success. A theme throughout the Self-Assessment process, and echoed in the development of the *SIP*, was the need for both FCS and CBH to collaboratively develop resources as well as communication mechanisms focusing on increasing resources to families. The input from these interviews was incorporated into strategies for Recurrence of Maltreatment, and Multiple Foster Care Placements.

COMMUNITY AND INTERAGENCY PRESENTATIONS

Family to Family Steering Committee:

In March 2004, Family and Children's Services presented the *Outcomes and Accountability County Data Report* to the committee with an overview of Child Welfare Redesign and the C-CFSR process. In this meeting, FCS asked for assistance from the Steering Committee, to review findings and provide input on the Self-Assessment and the SIP. Meetings in April and May focused on the outcome indicators and performance measurements for Monterey County found in the State reports, as well as internal data reports. Community Partners provided feedback regarding areas of strength and areas for improvement specific to the outcome measures. Additionally, FCS provided preliminary qualitative findings and solicited responses from the committee. Discussion items from these meetings were incorporated into the Self-Assessment as applicable.

In June, the F2F Steering Committee received a comprehensive presentation on the Self-Assessment summarizing performance, systemic factors, and identified areas to be addressed in the SIP. The Steering Committee was given the opportunity for public comment, questions, and final requests for further information. The committee was overwhelmingly pleased and supportive of the final product.

System of Care Governance Council:

As previously stated, this planning body is a sub-committee formed for the dual purpose of governance of the La Familia Sana Federal SAMSHA System of Care grant and to oversee Child Welfare Redesign implementation in Monterey County. Meetings of the Governance Council focusing on the C-CFSR process were held in March, April, May, and June of 2004. The Self-Assessment process and preliminary findings were discussed in the multidisciplinary cohort. Stakeholders on this council represent education, probation, mental health, health, early head start programs, First 5, foster parents, youth advocates, judicial, law enforcement, CAPC, FCS, adoptions, as well as community partners working with children and youth.

The Council received regular updates and presentations on initial qualitative and quantitative findings from the Self-Assessment. Interagency issues impacting the performance indicators were explored. Qualitative input from the council further drove analysis. The Self-Assessment draft was presented to the Council and approved after incorporation of ideas.

On September 8, 2004, a comprehensive presentation of the *SIP* was delivered to the Governance Council for approval. The presentation outlined the entire C-CFSR process, the development of the *SIP* templates, and the interagency implications for child welfare system improvement. The council voted to recommend approval of the *SIP* to the larger oversight body, the Monterey County Children's Council.

Monterey County Children's Council

The Monterey County Children's Council appointed the System of Care/Child Welfare Redesign Oversight Committee as an organizing body to coordinate interagency input into Child Welfare Redesign and C-CFSR activities. The Monterey County Children's Council has received regular updates on the *Self-Assessment* and the *System Improvement Plan* from the Director of Family and Children's Services and members of the Governance Council.

On September 13, 2004, the Monterey County Children's Council was presented with the *System Improvement Plan* as well as the recommendation of the Governance Council to accept the *SIP*. The Monterey County Children's Council moved to recommend to the Monterey County Board of Supervisors' approval of the *SIP*.

II. SIP Plan Components

Family and Children's Services, after intensive collaboration with key interagency partners, community based organizations, consumers, and other stakeholders, submitted the Self-Assessment to the State of California on June 30, 2004. Findings from the Self-Assessment led to the development of key goals, strategies, and milestones for improving the child welfare system, ultimately leading to improved outcomes for children involved with the system. Under direction from the State to focus on Safety Outcomes in the first year of the *System Improvement Plan*, FCS constructed the *SIP* to deliberately include activities that would improve performance on these outcomes, while also impacting and improving other areas of the system.

The ***System Improvement Plan*** submitted to the state will address four outcome measures. Three of the measures are in the mandated Safety Outcomes. These measures are designed to reflect the effectiveness of efforts to protect children from abuse/neglect at various stages of child welfare services and process measures that reflect the frequency of social worker contact with children and the speed of face-to-face investigation of abuse/neglect allegations. Monterey County is addressing these three measures:

- **1A/1B: Recurrence of Maltreatment** . This measure reflects the percent of children who were victims of child abuse/neglect within specific time frames. Monterey County consistently performs at a better rate than the State average on these measures. However, the previous study year's performance included in the *Self-Assessment* is below the Federal Standard and is included, as mandated, in the *SIP*. Family and Children's Services is always concerned with any recurrence related indicator and will use the *SIP* to explore avenues to decrease recurrence. As is found in the *SIP* template, FCS will use qualitative evaluation techniques to explore causal issues. Additionally, FCS will examine the impact of the new

MCSTART program, a First 5 funded program targeting perinatally-exposed children and pregnant mothers currently abusing substances. This new resource may impact recurrence cases where substance abuse has been a contributing factor.

- **2B: Child Abuse/Neglect Referrals with a Timely Response.** This is a process measure designed to determine the percent of cases in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames. Monterey County has been improving in this area, but has consistently been below state average. The *Self-Assessment* revealed that performance in this area is highly impacted by data entry procedures. The *SIP* template addresses this concern and incorporates other strategies to improve practice. Improvement in this area is also contingent upon clarity from the state regarding the implementation of new regulations impacting emergency response, the streamlining and simplification of the relative assessment process, and the development of standardized statewide data entry policies (including timelines) that support the measurement methodology. Additionally, new allocation and budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study will positively impact performance on this measure.
- **2C: Timely Social Worker Visit.** This is a process measure designed to determine if social workers are seeing children on a monthly basis when that is required. Monterey County performance on this indicator is slightly lower than the State average. Again, the *Self-Assessment* revealed that performance in this area is highly impacted by data entry procedures. The *SIP* template addresses this concern and incorporates other strategies to improve practice. In order to successfully execute the *SIP*, CDSS must assist counties by developing standardized policies, procedures, and timelines for CWS/CMS data entry. Additionally, new allocation and budgeting methodology needs to be implemented to allow counties to appropriately respond to increased workload as identified in the SB2030 study.

In addition to the Safety Outcomes listed above, Monterey County chose to include a Permanency Outcome to address in the first year *SIP*. Permanency Outcomes are designed to reflect the number of foster care placements for each child, the length of time a child is in foster care, and the rate that children re-enter foster care after they have returned home or to other permanent care arrangements have been made. Monterey County chose to address the following permanency outcome:

- **3B/C: Multiple Foster Care Placements.** These measures reflect the number of children with multiple placements within 12 months of placement. Monterey County's performance has consistently been below the State average and Federal Standard for percentage of children who have no more than 2 placements. The *Self-Assessment* revealed that insufficient placement resources and data entry policies highly affected this

measurement. The *SIP* addresses these concerns and incorporates nine strategies to improve performance. For Monterey County to be successful in these improvement strategies, the State must implement new allocation and budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study. Additionally, the State needs to release a more efficient and less burdensome relative assessment process, increase financial support for relative caregivers, and finalize plans to allow flexibility for Title IV-E reimbursement.

The *System Improvement Plan* templates, including goals, strategies, and milestones proceeds in the order described above. The *Monterey County Self-Assessment, Summary Assessment* follows the SIP templates.

Outcome/Systemic Factor:

1A: Recurrence of Maltreatment

County's Current Performance:

For the Federal measure for recurrence of maltreatment (1A), the baseline 6-month study period was 07/01/02-12/31/02. Of all children with a substantiated allegation during the study period, 8.3% of the children had a subsequent substantiated allegation within 6 months. The state average for the same time period was 11.2%. The Federal Standard is 6.1%.

For the State measure for recurrence of maltreatment (1B), the baseline 12-month study period was 07/01/01-06/30/02. Of all of the children who received a substantiated referral during the study period, 5.1% received a subsequent substantiated referral. The state average for the same study period was 14.6%.

Monterey County has consistently performed better than the state average on 1B; however, Monterey County is below the Federal Standard for recurrence and will address measure 1A.

Improvement Goal 1.0 To improve performance from 8.3% to 7.5% for subsequent substantiated allegations on measure 1A within 12 months.

Strategy 1. 1 Increase knowledge of causal factors for recurrence

Strategy Rationale Due to the small sample size (21 children experiencing recurrence of maltreatment in baseline) for this indicator, it is difficult to use quantitative analysis to identify factors contributing to the recurrence. By increasing knowledge of causal factors, services can be adapted to prevent recurrence.

Milestone	1.1.1 Establish internal case review process to review cases of recurrence	Timeframe	3 months (12/30/2004)	Assigned to	Program Managers; Analyst
	1.1.2 Complete analysis on all cases of recurrence in baseline year.		6 months (3/31/2005)		Program Managers; Supervisors
	1.1.3 Develop strategies to address causal factors		9 months (6/30/2005)		Program Managers

Strategy 1. 2 Supervise use of SDM tools for risk-assessment and measure changes in decision-making			Strategy Rationale A process to assess social worker utilization of the SDM tools will help ensure that social workers appropriately utilize SDM tools in an effort to reduce recurrence of maltreatment.		
Milestone	1.2.1. Supervisors assess and monitor worker utilization of SDM tools	Timeframe	3 months (12/30/2004)	Assigned to	Supervisors; Program Managers
	1.2.2 Supervisors verify that all referrals receiving a “high” or “very high” SDM score are offered services and/or referrals to community providers.		6 months (3/31/2005)		Supervisors, Program Managers
	1.2.3 Supervisors communicate regularly to units, management, and administration regarding progress and successes with recurrence rates		9 months (6/30/2005)		Program Managers
Improvement Goal 2.0 To increase use of available resources and enhance current services to prevent subsequent (Substantiations) referrals					
Strategy 2.1 Develop and communicate policy regarding the use of available family-centered services and expectation that referrals for potential resources are made for each family with a substantiated referral.			Strategy Rationale Incorporating resource referrals for families at risk into daily practice will result in stronger internal prevention practices and prevention philosophy and will assist families in identifying potential resources.		
Milestone	2.1.1 Assess current level of knowledge regarding available resources by all staff	Timeframe	3 months (12/30/2004)	Assigned to	Program Manager
	2.1.2 Develop communication strategy to inform staff of resources		3 months (12/30/2004)		Analyst
	2.1.3 DSES Analysts provide staff with presentation regarding available contracted services		6 months (3/31/2005)		Analyst, CAP; Contract Unit

	2.1.4 Develop policies to insure that all families receiving a substantiated referral are offered available options to access appropriate services		6 months (3/31/2005)		Program Manager
Strategy 2. 2 Develop mechanisms for supporting Voluntary Family Maintenance (VFM) as well as other prevention services for families and children with a substantiated referral.			Strategy Rationale Qualitative findings from the Self-Assessment assert that the recurrence rate is highly impacted by the availability of VFM services. Additionally, data show that the majority of recurrence occurs in the first 3 months following the first substantiated referral. Increased VFM services should help decrease recurrence.		
Milestone	2.2.1 Identify opportunities for and barriers to services for families who could benefit from voluntary services	Timeframe	3 months (12/30/2004)	Assigned to	Pre-Placement Preventative Program Manager
	2.2.2 Explore fiscal strategies to enhance service array		6 months (3/31/2005)		Deputy Director
	2.2.3 Research sustainability and enhancement strategies employed by other counties and draft recommendations.		6 months (3/31/2005)		Deputy Director and Children's Behavioral Health
Describe any additional systemic factors needing to be addressed that support the improvement plan goals. <ul style="list-style-type: none">• Service Array: The Self-Assessment team agreed that recurrence is highly related to substance-abusing parents and families struggling with multiple issues. The access and referral process for substance abuse and mental health services needs to be effectively communicated by emergency response social work staff.• Quality Assurance: Use of SDM tools as a quality assurance mechanism needs to be developed. A case review system specific to outcome indicators will need to be addressed.• Fiscal Issues: New State budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study. Finalization of state plan amendments to allow community based organizations, providing child welfare support services to become eligible for Title IV-E reimbursement. Additional State funding to implement Child Welfare Redesign Strategies.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none">• Strategies for family engagement					

- Strength-based practice models
- Fiscal strategies for enhancing prevention services
- Evidence-Based Practices (particularly in matching individual/family needs with appropriate available services)

Identify roles of the other partners in achieving the improvement goals.

- First 5 Monterey County to continue its local leadership with early intervention strategies for children 0-5.
- System of Care partners to identify best practices to match needs and coordinate resources. Children's Behavioral Health will be a key partner in developing prevention strategies, improving the information and referral process, educational activities regarding services, and securing blended funding
- MCSTART Project will be a key partner in providing services to perinatally drug exposed children and pregnant mothers with substance abuse issues.
- Community Action Partnership to assist in raising awareness of community resources
- Incorporation of community partners in prevention strategies for families receiving a substantiated referral
- Area education departments to provide services to children who do not have an open child welfare case (early start, IEP)

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Increased funding to sustain and expand VFM resources and community-based services
- New State budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study
- Finalization of state plan amendments to allow community based organizations, providing child welfare support services to become eligible for Title IV-E reimbursement
- Additional State funding to implement Child Welfare Redesign Strategies

Outcome/Systemic Factor:
2B Child Abuse/Neglect Referrals with a Timely Response

County's Current Performance:

Monterey County's performance on this indicator for the baseline period of July 1, 2002 to June 30, 2003 was 92.7% for Immediate Response, and 80.7% for 10-day response compliance. In the Self-Assessment, the previous two fiscal years' data was examined to assess trends. Monterey County has improved performance on 10-day response over the previous three fiscal years, but performance has declined in Immediate Response compliance. This performance is below state average. The quantitative and qualitative analysis identified several issues affecting the compliance rates. The primary issue was identified as data entry. Areas identified for improvement included data entry practices, quality assurance practices, staff training, as well as policies and procedures for managing and supervising resources. Below are the most recent three quarters data from the *Outcomes and Accountability County Data Reports*, comparing Monterey County's performance to that of the State.

<u>Q2 2003</u>	<u>Immediate Response Compliance</u>	<u>10-Day Response Compliance</u>
Monterey County	89.9%	79.5%
State Average	94.5%	88.6%
<u>Q3 2003</u>		
Monterey County	93.8%	83.0%
State Average	93.6%	90.6%
<u>Q4 2003</u>		
Monterey County	96.3%	80.4%
State Average	93.9%	88.0%

Improvement Goal 1.0

Increase timely responses from 92.7% to 94.5% for Immediate Response, and from 80.7% to 86% within 12 months.

Strategy 1. 1

Improve the accuracy and timeliness of data entry into CWS/CMS

Strategy Rationale

Analysis revealed data entry significantly impacts performance on this measure. Additionally, individual and unit performance on this indicator varied tremendously, indicating non-uniform practices across units. Improvement in the accuracy and timeliness of data entry will increase the overall compliance rate.

Milestone	1.1.1 Develop standardized policies and procedures for data entry.	Timeframe	3 months (12/31/2004)	Assigned to	Program Manager; System Support; Training Supervisor;
	1.1.2 Examine workload issues and propose reallocation of clerical staff if necessary		6 months (3/31/2005)		Deputy Director, Program Managers
	1.1.3 Develop reports to identify and monitor quality assurance, including individual and unit performance		3 months (12/31/2004)		Analyst ; Data Specialist
	1.1.4 Develop and provide staff training to correctly input data		6 months (3/31/2005)		Program Managers; Training Supervisors; ER Supervisors; Clerical Supervisor
Strategy 1. 2 Improve quality assurance practices			Strategy Rationale Quality assurance will result in improved continuity of policies, procedures, and will standardize practices throughout units. Quality assurance will result in improved outcomes and performance requirements.		
Milestone	1.2.1. Develop standardized data reports to measure performance on indicator.	Timeframe	3 months (12/31/2004)	Assigned to	Data Specialist; Analyst
	1.2.2 Identify areas for improvement and monitor compliance levels		4 months (1/31/2004)		Program Manager, Supervisor
	1.2.3 Develop a plan for proactive utilization of data reports to ensure system improvement		6 months (3/31/2005)		Program Manager, Supervisors;
Improvement Goal 2.0 Enhance the process for receiving and responding to referrals					
Strategy 2.1 Evaluate and assess current practices.			Strategy Rationale: Assessment of current process will assist in the development of policies and procedures to enhance efficiency, timeliness, and standard response.		

Milestone	2.1.1 Establish a Quality Assurance Workgroup	Timeframe	3 months (12/31/2004)	Assigned to	Program Manager; Labor
	2.1.2 Identify barriers to timeliness		6 months (3/31/2005)		QA workgroup
	2.1.3 Develop standardized agency wide referral and response process		11 months (8/30/2005)		Program Managers; Supervisors
	2.1.4 Provide staff training regarding changes to referral and response practices		12 months (9/30/2005)		Training Supervisor
Strategy 2. 2 Improve utilization of available internal human resources			Strategy Rationale Improved utilization of all internal human resources will assist social workers in achieving timely response mandates.		
Milestone	2.2.1 Identify opportunities and barriers	Timeframe	3 months (12/31/2004)	Assigned to	Supervisors; Program Managers
	2.2.2 Propose a system for resource reallocation to respond to system stressors		6 months (3/31/2005)		Deputy Director
	2.2.3 Perform specialized staff training to assure workers have necessary skills to be successful		9 months (6/30/2005)		Program Manager, Supervisors
Describe any additional systemic factors needing to be addressed that support the improvement plan goals.					
The Self Assessment team identified the following systemic issues as factors affecting performance: <ul style="list-style-type: none">• Human Resources: Diminished clerical staff; lack of bilingual capacity; caseload growth; flexible schedule variations among units.• Environmental Factors: Seasonal employment fluctuations and rapid population shifts causing extreme changes to workload; geographical distance of Monterey County.• Fiscal Issues: New allocation and budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study. Finalization of state plan amendments to allow community based organizations, providing child welfare support services to become eligible for Title IV-E reimbursement. Additional State funding to implement Child Welfare Redesign Strategies.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none">• More clarity from CDSS regarding methodology for measurement and expectations for data entry, including required timelines.• Increase one-on-one training capacity for CWS/CMS.					

Identify roles of the other partners in achieving the improvement goals.

- Systems Support Unit to assist in the development of CWS/CMS guides for data entry.
- Staff Development in coordination with external training resources to deliver training associated with system improvement.
- CAPC to provide mandated reporter training, which will increase clarity regarding necessary information for timely response.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- CDSS is requested to provide clear direction for implementation of new regulations impacting emergency response.
- CDSS is requested to streamline and simplify the relative assessment process to relieve the increased workload for ER workers. Improvement in this process will alleviate daily workload and time spent processing paperwork and allow for improved response compliance.
- New allocation and budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study.
- Finalization of state plan amendments to allow community based organizations, providing child welfare support services to become eligible for Title IV-E reimbursement.
- Additional State funding to implement Child Welfare Redesign Strategies.
- AB636 Data Workgroup and CDSS to develop standardized statewide data entry policies that support the measurement methodology now being employed to assess county performance.

Outcome/Systemic Factor:
2C: Timely Social Worker Visits with Child

County's Current Performance:

The *Outcomes and Accountability County Data Report* reported that between April 2003 and September 2003, Monterey County's performance for completion of mandatory monthly visits varied between 62.2% and 67.1%. This was below state average. New methodology for measuring 2C was developed. The new methodology increased both the statewide average as well as many counties' performance. Although Monterey County's performance increased to an 84.1% completion rate for September 2003, the increase was still below the newly released state average. Below is a comparison of Monterey County and the State average from the *Outcomes and Accountability County Data Report*:

Monterey County:	April 2003: 83.6%	July 2003: 81.8%	September 2003: 82.7%
State Average:	April 2003: 84.6%	July 2003: 85.4%	September 2003: 86.4%

Improvement Goal 1.0

To increase the percentage of timely social worker visits from 84.1% to 88% within 12 months.

Strategy 1. 1 To increase the accuracy and timeliness of CWS/CMS data entry

Strategy Rationale Internal reports generated through the Self-Assessment process showed that data entry significantly affected performance on Outcome 2C.

Milestone	1.1.1 Develop policies and procedures for data entry	Timeframe	3 months (12/31/2004)	Assigned to	<i>Data and Self-Evaluation Sub-Committee; Staff Development; System Support; Clerical Supervisor</i>
	1.1.2 Provide staff training		6 months (3/31/2005)		<i>Staff Development; System Support</i>
	1.1.3 Monitor data entry fields related to timely social worker visit		9 months (6/30/2005)		<i>Supervisors; Program Managers</i>

Strategy 1. 2 Provide tools and processes to proactively address barriers to data entry and practice

Strategy Rationale Analysis of individual and unit performance showed non-standardized data entry policies as well as varying degrees of individual and unit performance on both actual visit compliance and data entry.

Milestone	1.2.1 Design reports capable of assisting workers and units in achieving compliance.	Timeframe	3 months (12/31/2004)	Assigned to	Data and Self-Evaluation Sub-Committee; Data Specialist; Analyst
	1.2.2 Develop policies and procedures for supervisor monitoring of monthly visit status		6 months (3/31/2005)		Supervisors; Program Managers
	1.2.3 Through monitoring and tracking, identify areas of strength and areas needing improvement		9 months (6/30/2005)		Data Specialist; Analyst
	1.2.4 Develop management resources and evaluation processes to increase accountability throughout the system		12 months (9/30/2005)		Deputy Director
Improvement Goal 2.0 Improve the visit process within the department					
Strategy 2.1 Evaluate visit processes to improve efficiency			Strategy Rationale By developing efficient and consistent internal processes, social workers will have more available time to complete visits.		
Milestone	2.1.1 Identify practice and system barriers	Timeframe	3 months (12/31/2004)	Assigned to	Program Managers; Supervisors; Social Workers
	2.1.2 Assess caseloads in relation to compliance rates over time		3 months (12/31/2004)		Data Specialist; Analyst
	2.1.3 Develop standardized visit processes, including exceptions and documentation		6 months (3/31/2005)		Program Managers
	2.1.4 Train staff on data input for visit exceptions and documentation		6 months (3/31/2005)		Staff Development; System Support
Describe any additional systemic factors needing to be addressed that support the improvement plan goals. <ul style="list-style-type: none">Fiscal issues: New allocation and budgeting methodology would allow counties to appropriately respond to increased workload as					

identified in SB2030.

- **Management Information Systems:** Clarification from the State regarding timelines and procedures for data entry is needed. The Self-Assessment found that many staff are compliant with the visit, but not compliant with either the data entry, or the timeliness of the data entry.
- **Quality Assurance:** It will be necessary to monitor compliance with visitation timelines. Improvement in the use of the supervisor review process as well as an increased availability of managerial tools will be vital to improvement in this area.
- **Training:** Staff training regarding data entry expectations was a common theme throughout the Self-Assessment.

Identify roles of the other partners in achieving the improvement goals.

- CDSS must assist counties by developing standardized policies, procedures, and timelines for CWS/CMS data entry.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- New allocation and budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study.
- Finalization of state plan amendments to allow community based organizations, providing child welfare support services to become eligible for Title IV-E reimbursement
- Additional State funding to implement Child Welfare Redesign Strategies

**Outcome/Systemic Factor:
3B/3C Multiple Foster Care Placements**

County's Current Performance:

Monterey County's performance has consistently been below the State average and Federal Standard for percentage of children who have no more than 2 placements. These measures reflect the number of children with multiple placements within 12 months of placement. The federal outcome measure reflects the percentage of children in foster care for less than 12 months who had no more than two placements. On the Federal Measure (3B), the Federal Standard for percentage of children with no more than 2 placements is 86.7%, In FY 02-03, the State average was 83.9%, while Monterey County had 78.9% with 2 or fewer placements.

The State-enriched outcome measure reflects the percentage of children who entered child welfare supervised foster care for the first time during a 12-month study period, and were in care for 12 months, who had no more than two placements. Monterey County's performance in this measure is significantly lower than the State average. For the period, 7/01/01-6/30/02, only 40% of children still in care had no more than two placements. For the period, 10/01/01-9/30/02, the percentage rate increased to 47.1%. The state average was 63.2% for the first study period, and 63.3% for the second.

The data indicate that Monterey County children in foster care experience more placement moves than the average of other counties in California.

Improvement Goal 1.0

Increase the percentage of children with two or fewer placements within 12 months from 78.9% to 84% on the Federal measure within two years.

Strategy 1. 1 Evaluate cases with multiple placements to identify patterns and issues contributing to placement moves

Strategy Rationale Additional qualitative and quantitative analysis will provide insight into system issues affecting placement moves and will further drive system improvement plans.

Milestone	1.1.1 Develop internal measurement procedures	Timeframe	3 months (12/31/2004)	Assigned to	Data Specialist; <i>Analyst</i>
	1.1.2 Establish case review team within placement units		3 months (12/31/2004)		<i>Placement Unit Program Manager</i>

	1.1.3 Collect information and generate themes		9 months (6/30/2005)		Placement Units Workgroup
Strategy 1. 2 Utilize the Receiving Center to provide additional time for relative assessments and optimal placement investigation			Strategy Rationale By providing social workers with more time to assess children’s needs, the potential for the best, first placement will increase.		
Milestone	1.2.1. Open the Receiving Center	Timeframe	1 month (10/31/2004)	Assigned to	Family and Children’s Services
	1.2.2 Develop a system to track the impact of the Receiving Center on placement moves		1 month (10/31/2004)		Analyst, System Support; Data Specialist
	1.2.3 Provide placement unit resources at the Receiving Center to coordinate services and explore placement options with agency partners		1 month (10/31/2004)		Deputy Director, Program Manager
	1.2.4 Evaluate impact of the Receiving Center on placement moves		12 months (9/30/2005)		Data Specialist
Strategy 1.3 Enhance internal capacity for placement decision-making			Strategy Rationale The Self-Assessment revealed that many policies supporting placement stability have been designed, but not fully implemented.		
Milestone	1.3.1 Team Decision-Making meetings conducted in target areas to provide best, first placement	Timeframe	1 month (9/31/2004)	Assigned to	Placement Unit and F2F Coordinator
	1.3.2 Develop procedures to ensure that concurrent planning protocols are being implemented		10 months (7/30/2005)		Program Managers
	1.3.3 Develop procedures to ensure non-TDM cases receive a case staffing or family conference		10 months (7/30/2005)		Program Managers

	1.3.4 Expand TDM protocol and supplement to include TDMs at all placement changes in target areas		12 months (9/30/2005)		Family to Family Coordinator
Strategy 1. 4 Increase efforts to place children with relatives and near kin			Strategy Rationale Safely placing children with relatives and near kin will improve stability of placement, provide children with continuity (familial, community, culture, language), and improve permanency outcomes. These efforts are also consistent with the mandates to establish permanent connections for all youth transitioning to adulthood.		
Milestone	1.4.1 Assess current resources dedicated to finding and approving relatives and near kin	Timeframe	3 months (12/31/2004)	Assigned to	Program Managers
	1.4.2 Establish relative and near kin placements as the first placement priority throughout all units		6 months (3/31/2005)		Program Managers
	1.4.3 Establish internal policies and procedures, and identify responsible parties for relative and near kin approvals and placements		6 months (3/31/2005)		Program Managers, Placement Units
Strategy 1.5 Identify data entry practices and policy affecting this outcome			Strategy Rationale The Self-Assessment found that internal data entry policies tied to documentation of emergency placement rate changes had a significant impact on the performance. For example, in 2002, 15.8% of placement changes were to the “same placement”; the state average for this type of placement change was 3.1%.		
Milestone	1.5.1 Analyze the impact of emergency rate changes to performance	Timeframe	3 months (12/31/2004)	Assigned to	Data Specialist, Analyst
	1.5.2 Suggest methodology changes to more accurately reflect only care provider changes, not rate changes, for this indicator		6 months (3/31/2005)		Analyst; Data Specialist, AB 636 State Data Workgroup

	1.5.3 Develop internal policies and procedures for documenting placement changes versus rate changes in CWS/CMS		9 months (6/30/2005)		Program Managers; Supervisors
	1.5.4 Train staff in new data entry procedures		10 months (7/31/2005)		Supervisors
Improvement Goal 2.0 Improve support for resource families					
Strategy 2.1 Identify needs of resource families			Strategy Rationale Understanding the needs and concerns of resource families will assist FCS in identifying and improving services and resources available to families and children		
Milestone	2.1.1 Continue to engage resource families in dialogue and assessment practices	Timeframe	3 months (12/31/2004)	Assigned to	Program Managers
	2.1.2 Collect and analyze feedback from resource families		6 months (3/31/2005)		Program Managers
	2.1.3 Utilize feedback to improve/adapt training		9 months (6/30/2005)		Family and Children’s Services
Strategy 2. 2 Utilize community partners, through Family to Family Steering Committee, in retention and support activities			Strategy Rationale By engaging community partners in retention and support strategies, resource families will receive increased community and neighborhood support		
Milestone	2.2.1 Train new F2F Community Liaisons in recruitment, retention, and support strategies	Timeframe	6 months (3/31/2005)	Assigned to	Family to Family Coordinator
	2.2.2 Establish a feedback loop from community service providers to FCS regarding successes and challenges in the provision of support services		6 months (3/31/2005)		Family and Children’s Services

	2.2.3 Design respite and support family recruitment and training plan		9 months (6/30/2005)		Family and Children’s Services
Strategy 2.3 Improve FCS response to resource families experiencing crises, especially when there is a potential placement change.			Strategy Rationale Placement preservation, as well as retention of resource families, will be greatly enhanced by improved response to families in crisis by FCS.		
Milestone	2.3.1 Identify resource and practice barriers	Timeframe	3 months (12/31/2004)	Assigned to	Program Managers; Supervisors
	2.3.2 Assess placement changes/disruptions; solicit input from resource families after a placement disruption		6 months (3/31/2005)		Placement Supervisor
	2.3.2 Develop protocols outlining standardized response procedures to families in crisis		9 months (6/30/2005)		Program Managers; Analyst
	2.3.3 Train staff and caregivers		12 months (9/30/2005)		Hartnell FCCE; Staff Development
Strategy 2.4 Improve use of available support by resource families			Strategy Rationale Access to and utilization of available resources by resource families will assist in the stabilization and preservation of placements and resource families.		
Milestone	2.4.1 Identify barriers to accessing current resources	Timeframe	3 months (12/31/2004)	Assigned to	Analyst
	2.4.2 Develop mechanisms to distribute information regarding resources		6 months (3/30/2005)		Placement Unit
	2.4.3 Incorporate resource awareness into training for both staff and caregivers		12 months (9/30/2005)		Hartnell FCCE; Analyst; Managers
Describe any additional systemic factors needing to be addressed that support the improvement plan goals.					
<ul style="list-style-type: none">Placement Resources: FCS has identified a need to increase recruitment and retention of foster families, particularly Hispanic families. The demographics of Monterey County and the CWS population necessitate extensive bilingual/bi-cultural capacity, which is difficult to provide with available resources. Additional recruitment and retention resources, such as foster care child care					

subsidies would be helpful, but local resources cannot afford.

- **Management Information System:** Documentation of emergency rate change dictates that the placements must be ended in CWS/CMS and then reopened. Generally, the child is at the placement, but it shows in the data as a “placement move”. An internal workaround, or a state-level change in measurement methodology needs to occur to address this issue.
- **Service Array:** The Self-Assessment revealed that resource families need increased access to services provided by interagency partners, such as Children’s Behavioral Health and Education. Additionally, resource families requested more clarity and communication regarding available resources.
- **Provider Training:** Additional caregiver training for near kin emerged as a need in the Self-Assessment.
- **Fiscal:** New allocation and budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- **Relative Caregiver Training:** Consider mandating current Relatives Offering Ongoing Ties and Support (ROOTS) training for relative caregivers and consider developing a specialized curriculum for near kin caregivers.
- **Bilingual Training:** Ensure that consistent message/training is being conveyed in English and Spanish

Identify roles of the other partners in achieving the improvement goals.

- **Children’s Behavioral Health** will be a key partner in developing support strategies and services for resource families experiencing crises.
- **Hartnell College Foster and Kin Care Education (FKCE)** will provide training to relative caregivers and resource families.
- **The F2F Sub-committee on Recruitment, Retention, and Support** will coordinate strategies to increase awareness of available services and resources to caregivers and staff.
- **Family Ties** will provide relative support.
- **F2F anchor agencies** will assist in creating more neighborhood-based resources and will participate in recruitment, retention, and support activities.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- New allocation and budgeting methodology to allow counties to appropriately respond to increased workload as identified in the SB2030 study
- Finalization of state plan amendments to allow community based organizations, providing child welfare support services to become eligible for Title IV-E reimbursement
- Additional State funding to implement Child Welfare Redesign Strategies
- The State to release more efficient and less burdensome relative assessment process
- Increased financial support for relative caregivers
- Required relative caregiver training and enhanced resource family training
- Expand respite care eligibility to include the biological and/or adoptive children of the foster care provider
- Broaden respite care options

III. Membership Lists

MONTEREY COUNTY CHILDREN'S COUNCIL MEMBERSHIP

Mary Adams
CEO
United Way of Monterey County

Valerie Barnes, M.D.
Director of Pediatrics
Natividad Medical Center
CAPC Representative
(David Maradei, Designee)

Dr. William Barr
Superintendent
Monterey County Office of Education
(Anne Wheelis, Designee)

Wayne Clark, Ph.D.
Director
Monterey County Behavioral Health

Dean Flippo
District Attorney
(Sue Stryker, Designee)

Len Foster
Chair
Director
Monterey County Health Department

Ronald Graddy
Child Care Planning Council
(Ann Edgerton, Designee)

Harold Kahn, Ed.D.
Superintendent
Spreckels Union School District

Mike Kanalakis
Monterey County Sheriff
(Jim Cronin, Designee)

Harvey Kuffner,
Member-at-Large

Michael Lawrence
Public Defender
(Michael Pettit, Designee)

Supervisor Butch Lindley
(Rosie Hernandez, Designee)

Todd Lueders
Executive Director
Community Foundation for Monterey County
(Jeff Bryant, Designee)

Bob McElroy
Monterey County Free Libraries
(Chris Mayer, Designee)

Charles McKee
County Counsel
(Annette Cutino, Designee)

Dr. Bob McLaughlin
Superintendent
Santa Rita Union School District

James Nakashima
Executive Director
Housing Authority of the County of Monterey
(Mary Jo Zenk, Designee)

John Pinio
Director
Monterey County Parks Department
(Meg Clovis, Designee)

Judge Jonathan Price
Juvenile Court

Manuel Real
Interim Chief Probation Officer
Probation Department

Elliott Robinson
Vice Chair
Director
Department of Social and Employment Services

Shirley Stihler
Early Start
Monterey County Office of Education

Robert Taniguchi
Deputy Director
Department of Social and Employment Services,
Family and Children's Services

Ex-Officio Member
Francine Rodd
Executive Director
First 5 Children and Families Commission

SYSTEM OF CARE GOVERNANCE COUNCIL

Robert Taniguchi
Deputy Director
Family and Children's Services

Wayne Clark
Director
Behavioral Health

Joe Whiteford,
Probation Services Manager

Dorthy Lebron
Lead Evaluator
Monterey County System of Care

Dr. William Barr
Superintendent
Monterey County Office of Education

Jennifer Eads
Management Analyst
Family and Children's Services

Dana Edgull
Supervisor
Children's Behavioral Health

Esther Rubio
Director
School Readiness

Manuel Real
Chief Probation Officer

Denise Shields
Juvenile Services Probation Manager

Chris Shannon
Executive Director, Door to Hope
MCSTART

Christine Lerable
Program Manager
Family and Children's Services

Eileen Esplin
Management Analyst
Family and Children's Services
President,
Monterey County Caregivers Association

Richard Gray
Probation Department

Jesse Herrera
Program Manager, Cultural Competency
Children's Behavioral Health

Francine Rodd
Executive Director
First Five Monterey County

Karen Hart
United Advocates for Youth

Maureen Lavengood
Program Manager
Children's Behavioral Health

Larry Lindstrom
Superintendent
Monterey County Office of Education

Judge Price
Juvenile Court Officer

FAMILY TO FAMILY STEERING COMMITTEE MEMBERSHIP

Alica Avila
Girl Scouts of Monterey Bay

Terry Espinoza-Baumgart
Alisal Community Healthy Start

David Beckstein
Unity Care Group, Inc.

Tom Berg
Children's Behavioral Health

Jennifer Bettencourt:
Clear Channel

Adrienne Biliske
KION/ KCBA

Mike Borgeson
DSES

Becky Botello
Salvation Army

wRen Bradley
SEIU 535

Diane Anderson
Catholic Charities

Charles Cassinelli
FCS

Charles Chambers
Kinship Center-Family Ties

Annette Cutino
Monterey County Counsel

Raul Diaz
MCOE, Migrant Education

Eileen Esplin
FCS

Linda Evans
Hartnell College
Foster/Kinship Care Education

Esther Flores
Resource Family

Lupe Garcia
Landwatch M.C.

Maria Giuriato
DSES

Reyna Gross
Alisal Community Healthy Start

Christy Grothe
Resource Parent

Cathy Gutierrez
Monterey Co. Behavioral Health

Lisa Harmon
Community Member

David Hathaway
FCS

Tania Hyatt
Clear Channel Radio

Margaret Huffman
FCS

Marie Kassing
Sun Street Center

Bev Kovacs
FCS

Jennifer Kriste
CBS/KCBA

Karina Lehrner
United Way of Monterey County

Christine Lerable
FCS

Marian Lujan
MCOE Head Start

Lori Magdaleno
Univision 67

David Maradei
CAPC

Regina Mason
FCS

Barbara May
Kinship Center

Ricki Mazzullo
Action Council

Earlene McClair
FCS

Naomi McClelland
FCS/OSD

Lynne Milne
Unity Care

Nancy Murphy
Kinship Center

Martina O'Sullivan
Catholic Charities

Yinka Osborne
MPUSD

Emily Osher
FCS

Melissa Parlee-Hirth
First 5 Monterey County

Nick Pasculli
The Marketing Department

Ginger Pierce
FCS

Maryanne Rehberg
Bay Area Regional Training Academy

Sally Reyes
FCS

Christabelle Oropeza
FCS

Helen Rucker
Community Member

Aejaie Sellers
CASA

Elizabeth Serrano
Alisal Community Healthy Start

Denise Shields
Probation Department

Jennifer Eads
FCS

Alice Talavera
FCS

Robert Taniguchi
FCS

Valencia Thomas
FCS

Donna Tremontozzi
Peer Recruiter

Patricia Trier
FCS

Nancy Upadhye
FCS

Brenda Valles
ASM. Simon Salinas

Rosario Aguirre
Alisal Community Healthy Start

Rosanna Vega
Hartnell College Foster/Kinship Care
Education

Jeff Wilson
Clear Channel

Laura Wilson
Children's Behavioral Health

IV. Summary Assessment

County Profile

From the mansions of Pebble Beach to the labor camps of the Salinas Valley, Monterey County is a county of contrasts. With an economy ever dependent upon agricultural, hospitality, and service sector jobs to support the farms of the valley or the tourism of the Monterey Peninsula, the county's apparent affluence belies the high level of poverty that is exacerbated by one of the most expensive housing markets in the nation.

The gap is seen in its diversity, where educated homeowners live adjacent to impoverished farm workers. A family of three living in Monterey County is required to earn \$37,814 per year to be considered self-sufficient, and the economic disparities of the region drive the rates of poverty, lack of access to healthcare, education, substance abuse, and violence. Of the 114,050 children who reside in the county, almost one-fifth (17.9%) of Monterey County's children live below the federal poverty level.

The data indicate Monterey County is rapidly changing. There are significant demographic differences across Monterey County communities. The data revealed that communities in the agricultural Salinas Valley are predominantly Hispanic (64-90%), while the communities on the Monterey Peninsula are predominantly White (70-90%). Additionally, the birth rate among ethnicities show that Hispanic births increased 14%, White births decreased 29%, and all other ethnic groups combined birth rate decreased 14% since 1995.

Outcomes Data and the Self-Assessment Process

FCS engaged multiple stakeholders through a comprehensive strategy to truly assess strengths, performance, and areas for improvement. The self-assessment process included focus groups with all units within FCS, including the clerical unit. Additionally, focus groups were held with foster parents. FCS utilized surveys to solicit feedback from the youth participating in ILP as well as former clients who received family reunification services. Community input was solicited through our Family to Family Steering Committee, and multiple presentations were made to community partners. Interagency input was garnered through structured meetings and individual interviews with key leaders in Probation, Children's Behavioral Health, and Education.

The outcome measures were analyzed individually during a series of meetings with the social work supervisors. Additionally, the management team examined the quantitative and qualitative data in an historical and departmental context to interpret and identify strengths and areas for improvement.

During the self-assessment phase of the county's Child Welfare Redesign, several themes emerged that could be interpreted as having an effect on the identified outcomes. In summary, these themes are:

- **Sample size:** In certain key areas, the sample size of the data used to determine the outcome was too small to lend itself to analysis. For example, in a sample of 10, the outcome of one family with four children would represent 40% of the sample size. In general, assessing data based on small sample sizes results in a limited analytical ability and the power to generalize to the population, and this was a recurrent theme in several of the stated outcomes measured.
- **Staff impact:** This particular issue exacerbates the ability to analyze outcomes, particularly when small sample sizes are used. For example, if there is one staff person who is new, not well trained, or is experiencing workload impact issues, their practice could significantly impact the outcome.
- **Policy direction:** The lack of clear state policies and/or program directives around process and case expectations can have a significant impact on outcomes. The presence of untrained or under-trained staff compounds this issue. These concerns are evident for staff at all levels. Nowhere was this more evident than in policy and practice related to CMS implementation. Throughout the State, lack of consistency in CMS implementation has resulted in a wide variety of ways to enter data into the system. Failure to consistently enter data accurately can have a tremendous impact on “reported” outcomes, because the reports are limited by the data inputs. In many instances, the actual case management practice is compliant and of very good quality; however, if it is not entered correctly into the system, the outcomes will reflect an erroneous report of bad practice.

Outcomes:

- **Safety Outcomes**
Monterey County performed well on safety outcomes, particularly on recurrence of maltreatment within 12 months. On this outcome, FCS had a recurrence rate of 4.4%, while the state average was 12.9%. Although Monterey County performed well on recurrence of maltreatment, the Self-Assessment team found issues that may be contributing to recurrence and will address these issues in the SIP.

FCS also performed well on rate of recurrence of abuse in homes where children were not removed. On this indicator, FCS had a recurrence rate of 4.1% for FY01-02, while that state average was 9.5%. The low recurrence rate of maltreatment for children who were not removed may indicate that the support services offered by DSES and community partners help support safe family maintenance.

The analysis of timeliness of social worker responses to referrals showed that FCS is performing just under the state average on both 10-Day Response and Immediate Response. The analysis also showed that FCS' average for compliance was highly affected by systemic issues, diminished clerical staff, and increasing data entry responsibilities. This will be addressed in the SIP, with a particular emphasis on how to meet mandates with limited resources.

- **Permanency and Stability Outcomes**

Monterey County performed better than the state average on indicators measuring length of time to reunification from foster care as well as length of time to adoption. On these indicators, FCS has exceeded the Federal Standard for the last fiscal year. Monterey County has tremendous success with the adoption process, due in part to the development of resources to support adoption programs, the focus on concurrent planning, and the provision of training and assistance to resource families throughout the process.

The indicators for placement stability show that children in Monterey County foster care experience more placement moves than the state average. Although FCS makes every attempt to find the best placement for each child at the initial placement, over 21% of children in foster care have more than two placements. There are internal data entry policies driving this performance, as well as local economic factors and a lack of placement options. FCS will address this in the SIP.

For re-entries into care, FCS' performance is difficult to analyze, as the state and federal measures provide contrasting information. Any re-entry into care is concerning for FCS and will be addressed in the SIP.

- **Family Relationships and Community Connections**

Monterey County is just above the state average for placement of some or all siblings together. A focus of FCS is to improve the family relationships and community connections for all families involved in child welfare services. This focus and commitment is operationalized through the implementation of Family to Family in Monterey County. Economic and housing issues, coupled with the lack of enough foster homes, presents a challenge as FCS seeks to improve this performance. Increasing placement options for sibling groups in every community is a goal for FCS.

Placement in least restrictive settings is a priority for FCS. Recent efforts include the implementation of Wraparound, the Receiving Center and CHERISH projects, the Interagency Placement Committee, and targeted recruitment for emergency placements. FCS has placed an emphasis on maintaining children with a higher level of need in their homes, or in the least restrictive setting possible.

- **Well-Being Outcomes**

The educational, employment, and self-sufficiency outcomes for youth in Monterey County are lower than the state average. The Independent Living

Program has been in transition and is currently laying the groundwork for improved outcomes. FCS is collaborating with community partners, local educational institutions, employment resources, and housing agencies to increase opportunities for youth transitioning to adulthood. ILP is and will continue to be a priority for FCS and will be addressed in the SIP.

Overall, Monterey County can be proud that in most cases, local outcomes exceeded State averages. In some instances, Monterey County exceeded the Federal standards for certain outcome measures. There were other instances where substandard outcomes were significantly improved merely by “scrubbing” the data.

Public Agency Characteristics

Monterey County chose to have its local Children’s Coordinating Council provide oversight approval of the self-assessment process and the systems improvement plan. Established by the Board of Supervisors in 1993 under the mandates of SB 933, the Monterey County Children’s Coordinating Council has a broad based membership and is tasked with coordinating services to children in Monterey County. A subcommittee of the Children’s Council was formed to have governance and oversight responsibilities of the Child Welfare Redesign as well as the Federal SAMSHA grant for Systems of Care. The System of Care grant further requires Behavioral Health to address how they are interfacing with Child Welfare Redesign. This decision to operate through the Children’s Coordinating Council demonstrates DSES’ commitment to coordination and collaboration for services to families and children.

Internally, DSES ensures that services are coordinated through its administrative structure. The Executive Team, which consists of the Director and all of his Deputy Directors who act as Division Directors meet frequently and work together to ensure that communication and coordination between divisions occurs.

FCS is very proactive in efforts to leverage funds, to collaborate with community partners, and to seek alternative resources whenever possible. Monterey County has benefited from the generosity of foundations and other charitable organizations. It is clear from their perspective that the resources that they have committed are to seed the beginning efforts of Redesign and are not to supplant existing funded programs.

Despite these continual efforts to collaborate and seek alternate funding strategies, the capacity of FCS is always challenged and often stretched to the limit. The ability to meet standards of practice and accountability for outcomes is difficult without the resources to support the effort. In addition, un-funded or under funded mandates also stress an already taxed system. The challenge is to create a sustainability plan that will not undermine the efforts that were made to create an infrastructure that can serve families and children to achieve better outcomes.

FCS has learned that “Data is our friend” and we are cognizant of the fact that we must always measure our outcomes. By examining our practices and how we interface with our community partners, through improving our ability to be flexible to change, and by demonstrating incremental change, Monterey County will be able to implement a redesign of child welfare practice.

Systemic Factors

Our greatest strengths and weaknesses are systemic and the challenge to Redesign will be to strategically overcome the weaknesses by building and expanding upon our strengths.

As mentioned previously in the Data section, Monterey County was very successful in implementing CMS in 1997; migration to the system was met with relatively little resistance and many of those most strongly opposed to the system have since moved on to other careers. Nonetheless, there were legitimate concerns that implementing CMS would take time away from case management and the families we are here to serve. The ongoing challenge remains in striking a balance between case management activities with the families and the need for online documentation. Data entry and data accuracy continues to be one of our system's biggest challenges, and will undoubtedly be a major focus in our Child Welfare Redesign plan.

Many of our efforts to integrate child welfare policy and practice are documented in our Self-Assessment. Multi-disciplinary case staffings, Administrative Reviews, and Court hearing processes are well developed. Our relationship with the Court is a priority and has worked well. Issues related to timeliness are the result, in part, of challenges with staffing caseload and the need to place resources in areas of development.

Inclusiveness in case planning with stakeholders such as youth, parents, caregivers, and advocates is on the road to improvement but must be nurtured. Feedback from stakeholders that we need to bolster our customer service is not surprising. Monterey County needs to continually strive to improve its communication with consumers, stakeholders, and community partners.

Major areas for improvement also include developing additional resources to support our social work staff through education and training in our policy for case transfers, developing additional clerical and paraprofessional support, and division-wide training in CMS.

A goal for FCS is to develop accurate data systems capable of generating useful reports for management and supervisors to utilize in assessing our practices and compliance in order to meet and exceed our desired outcomes.

Countywide Primary Prevention Strategies

The Monterey County Child Abuse Prevention (CAPC) is located and managed in the Division of Family and Children's Services. CAPC administers the Child Abuse Prevention, Intervention, and Treatment Program (CAPIT) and Community-Based Family Resource Services (CBFRS) funds. These funds have been dedicated to educating and supporting parents, supporting relative caregivers, educating mandated reporters in their roles, and developing other community resources. Having CAPC within FCS enhances communication and coordination with some of our prevention efforts. Examples of CAPC's efforts can be seen in the development of an education and outreach effort with the Safely Surrendered Babies program and the co-

sponsorship of a policy summit targeting substance-exposed infants with the Monterey County Screening Team for Assessment, Referral, and Treatment (MCSTART).

The DSES Director and Deputy Director for FCS are both members of the First Five Commission. First Five is committed to investing in services for children early in their development, from prenatal stages through age five. This effort has funded several regional collaboratives that ultimately enhance services for our Family to Family efforts. Another example of First Five coordination is the funding of MCSTART, which is a collaborative between FCS, Child Behavioral Health, Community Health, Salinas Adult School, and Door to Hope. The program utilizes a variety of public sector resources to target the prenatal and early developmental needs of children exposed to substance abuse prenatally and perinatally. Within FCS, 87% of children aged 0-5 who have been placed into foster care meet MCSTART criteria.

Currently Monterey County FCS is involved with the State in developing our differential response program. FCS is now doing small tests of change through the utilization of the Casey Family Program's PDSA (Plan, Do, Study, Act) process. We are working with our community partners to test early intervention services that will help to strengthen families and prevent Child Protective Services involvement.

Peer Quality Case Review

Throughout the self-assessment process, the knowledge regarding the upcoming requirement for Peer Quality Case Review (PQCR) helped identify areas where the process would be valuable. The PQCR process will allow FCS to examine key issues that arose during the self-assessment. For example, the PQCR will be useful in identifying stressors that contribute to re-entry rates or in identifying gaps in services and resources that may be contributing to recurrence rates. It is hoped that similar counties with differing programs and services will challenge FCS practices and allow for innovative problem solving. The exchange of promising practices, challenges, and innovations will allow for all counties sharing in the PQCR to improve their internal practices and outcomes.

Conclusion

In our self-assessment we have identified our strengths, weaknesses, opportunities and threats, and we will use this information as the basis for our System Improvement Plan.

In conclusion, Monterey County Family and Children's Services must continue to work to ensure that services provided to families and children are responsive, fair, equitable and accessible to the populations that we serve. We must use our demographic information and outcomes data to determine our target populations. We must work diligently to ensure that we communicate, coordinate and collaborate with our community partners and make a concerted effort to be inclusive. We need to acknowledge and appreciate the community's input and participation. A significant effort needs to be made in developing organizational capacity and funding strategies that are creative and viable. We must work to promote legislation and funding streams that will support the infrastructure. A strong effort needs to be focused on prevention

and early intervention strategies that will make significant impacts to protect children and families from harm. We must research and examine strength-based practices as well as promising and best practices in prevention and early intervention efforts. And finally we must celebrate our successes because the job we do is difficult yet the rewards so great.

Our system improvement plan will delineate our implementation strategies that will focus on our outcome and accountability goals.